

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>AB</i> | 901 | 04-09-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | <i>let</i> | 907 | 6-14-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|-------------------|------|
| Final Original 28 | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
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